## Los Angeles County Sheriff's Department Officer Involved Shooting

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Call Co.	a the said	- 3.00		4 N 1662			Contraction of	1,065%	12 g a 14 10 g s - 14	End of
Report Date: 0	7/08/20	Bureau/Statio	n/Facility: Custody	y Services [	Division/TTC	F	Admin. Ir	ivest?	Hit?	1
1807.77	A TOTAL	t majorità	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Incident Info	rmation		(Asy		1 (1500) 1000)	
URN:	018-0	0017-3199-057		Date	March 6	3, 2018	Tir	ne:	0336	
City or Station:	Lake Els	inore, Riverside Co	ounty		ent ampbell was	involved	d in a hit shoo			0
McVicker C	anyon Par	k Road / Edgewood	d Drive				rglary suspec uniform at the			
Location Type (check one or		Lighting (check only on Darkness Daylight Other Vistreet Lights  Weather (circle only on Cloudy Fog Rain  Distance: 3 Feet	•):	Incident Type Accidental Armed Per Fleeing Su Foot Pursu Gun Take Moving Ve Sniper/Am Startle Struggle Ir Traffic Sto Unarmed I Unintention Vehicle Pu Warrant St Warning S Other:	spect iit Away hicle bush ivolved p Person sel praid	nore)	Initiated by (c) Arrest Wa Call Coll Observation One Person Other Search W Two Person Prior Activity ( Detective Inmate Tri Other Routine P	crant on on Unit arrant on Unit check only on anaport atrol		·
	Acres 18 acres			Employee W	itnesses					
Employee # Employee #	Last	Name Name	First	Name Name	M.I.	ShiftTime (	PM Day Check only one) St	iftType (check Regular On iftType (check Regular On iftType (check	only one) vertime	
		Native				EM [	PM Day	Regular O		Off Dut
Last Name	1000	M. Parker	. No	n-Employee	_	Name		230 m	M.L.	1
Street Address			City		Zip S		Work Ph	Home		
Last Name					First	Name			M.J.	
Street Address			City		Zip C	ode	Work Ph	Home	Ph	
Last Name					First	Name			M.t.	
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The American			W	Supervi	sors	THE TELE	4	***		STATE OF
Employee #	Last Name		First Na		M.I.	On Du	e or more): ity nt during shooting	_	ess to sho	
Employee #	Last Name		First Na	ame	M.L	On Du	e or more) ity nt during shootin		ess to sho ved in sho	
Employee #	Last N		Castillo	Watch Se		irst Name	Armando	one N	M.I.	
g** / 5 - 1 - 2		A comment	4-41110	Watch Com	mander (				. 2	
Employee #	Last N		Dittent	viateli coll		First Name	Povid		M.I.	w.
			Pittack		0=		David			

PSTD Use Only
SH # \_\_\_\_\_\_2450197

(40)

,223 caliber

.40 caliber

018-00017-3199-057

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	and the same of the	:	40' K.	234	Rollout Information					
Arrival	Date 03/06/18	Ar	ival Time	0800	Date Submitted	7/08/20	Date of Recommendation	*.		1. Seg
Emplo	yee # Last Na	me		Arella		First Name	Thomas		M.I.	М
Emplo	yee # Last Na	me				First Name			M.i.	
Emplo	vee # Last Na			Alva	rez	First Name	Irys		M.I.	D
Emplo		ille		Burs	se	(Tij S), TVauTic	Michael		PO.1.	Α
196.4% 		11.34	1.) -V.	Shoot	ling / Force Infor	nation				10 To
Meth						Type	of Injury	Body	Part I	njured
(AW) (BB) (BC) (CC) (CT) (CC) (CT) (CC) (CT) (CC) (CT) (CC) (CT) (CC) (CT) (CC) (CT) (CC) (CT) (CC) (CT) (CC) (CT) (CC) (CT) (CC) (CT) (CC) (CT) (CC) (CT) (CC) (CT) (CC) (CT) (CC) (CT) (CC) (CC	Arwen Baton: (Control) Baton: (Impact) Bodily Fluids Canine Carotid Restraint Choke Hold Control Holds: (Control Te Control Holds: (Team Tak Control Holds: (Takedown Chemical Chemical Agents (OC Sp Chemical Agents (Tear G Explosives Firearm (Handgun) Firearm (Rifle) Firearm (Shotgun) Firearm (Shotgun) Firearm (Other) Flashbang Flashlight Other Weapon: Edged	edown) ) ray)	(OB) (OB) (OO) (OO) (OO) (OO) (OO) (OO)	Other Weapo Personal We Personal We Personal We Personal We Resistance Resistance Restraint Den Restraint Den Restraint Den Restraint Den	on: Blunt Object on: Other apon: Feet/Leg: (Kick) apon: Feet/Leg: (Kick) apon: (Hand/Arm) apon (Push) apon (Other) vice (Capture Net) vice (Handcuffs) vice (Handcuffs) vice: Hobble (Legs Only) vice: REACT Bett	(AB) (BR) (BV) (CP) (CO) (DH) (DI) (DB) (FR) (GS) (HB) (LC) (ND) (OD) (PA) (PV) (SD) (UN)	Abrasion Bruise Burn Complaint of Pain Concussion Death Dislocation Dog Bite Fractures Gunshot Human Bite Lacerations Nerve Damage Organ Damage Parallysis Puncture Wound Soft Tissue Damage Sprain/Twists Unconscious	(AD) (AK) (AR) (BT) (CH) (EL) (FA) (FE) (GE) (GR) (HD) (KN) (KN) (LE) (NK)	Abdom Ankle Arm Back Buttoc Chest Elbow Face Fest Genita Groin Hand Head Hip Interna Knees Leg Neck Should	cks Sissis
Bran (AK) (BN) (BR) (CH) (CO) (DA) (GL) (HA) (HI) (HK)	AK-47 Senelli Beretta Browning Charter Arms Colt Davis Industries Glock Harrington & Richardson Hi Standard H & K Ithica	(IV) (JE) (LO) (LU) (MA) (MO) (NC) (NA) (NA) (RO) (RM) (RG) (RI)	Iver Johnson Jennings Lorcin Luger Mariin Mossberg NCI aka SKS North America Norinco Raven Remington RG RG	(RO) (SW) (SR) (SS) (ST) (TA) (WE) (WN) (US) (YY) (XX) (ZZ)	Rossi Smith & Wesson Sturm Ruger SIG Sauer Sterling Taurus Weatherby Winchester US Government Handmade (Inmate) Homemade (Non-Inmate)	(10) 10 (12) 12 (20) 20 (21) .2 (22) .2	Refused Med Treatment  NONE  87  9 mm (24) 243 ca 9 mm (25) 25 cal 9 guage (30) 308 ca 9 guage (35) 357 ca 2-250 (36) 30-60 c 2-250 (38) 38 cal 123 caliber (40) 40 cal	ber (4 liber (4 liber (4 saliber (4 ber (4)	14) 4 15) 4 50) 50 SL) SI	10 guage 4 caliber 5 caliber 3 mm ug ther calibe

## FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S#1	E#!	OV					CP	KN
E#1	S#1	FH	BR	9	Y	Y	GS	FI

## Officer Involved Shooting Involved Employee Information

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	The state of the s	Market St. St.	ur Sankya a t	Involved	l Emplo	oyee.	Best of all			
·	Employee #	Last Name		Campbell			First Na	ame To	dd	M.I.
	Sex M Race White	Rank: DSG		Unit Assignmen	TCF		Work As:	signment (Unit #, Modu LC	le, etc.): MC	
١.	ShiftTime (circle only one)  EM PM Day	ShiftType (circle only one) Regular Overtime /	Off Duty	Intoxication/Dr	ug Usage	, _	Substan	ce Used:		
-	Hospital Admission?	Hospital Name		Coroner Case	2 🗌		Coroner	Case #		Interviewed?
F	Hrs of sleep prior to shooting	Duty Time (hrs):		(circle only one) Clothes no Vest	Raid Jac	ket w/ Vest	Other Fa	ctors		
L		"10" Weight: 200	Raid.	Jackel no Vest	✓ Uniform					
F	Range Qualification Date:		PPC Qu	alification Date:				Laser Training Date:		
	Certified with Weapon Used?	Patrol Certification?	Certific	ation Unit		Pnor Shoot	ngs?	Number of Prior Shootings:	Dire	cted Force:
	Weapons Fired Brand: Ber	etta Caliber 9mi	m #S	hots 1	Weapons Brand	Fired		Caliber		# Shots
	Field Training Officer Emp#	Last Name					First Na	me		M.J.
7	Field Training Officer Emp#	Last Name					First Na	me		M.I.
ľ	Employee#	Last Name				-	First N	me		M.s.
	Sex: Race:	Rank		Unit Assignmen	nt:		Work As:	ignment (Unit #, Modu	le, etc.):	•
- 1	ShiftTime (circle only one)	ShiftType (circle only one)	Off Durb	Intoxication/Dr	ug Usage'	, _	Substan	be Used:		
-	Hospital Admission?	Regular Overtime Hospital Name.	On Duty	Coroner Case	2 🗆	_	Coroner	Case #		Interviewed?
ï	Hrs of sleep prior to shooting	Duty Time (hrs):	Clothina	(circle only one)	ш		Other Fa	ctors		
	Age: Height:	Weight:	Plain Plain	Clothes no Vest Clothes w/ Vest Jacket no Vest	Red Jac Uniform					
7	Range Qualification Date			alification Date	OTHIDAN	Mr. C. Wall		Laser Training Date		
	Certified with Weapon	Patrol Certification?	Certific	ation Unit:		Prior Shoo	tings?	Number of Prior Shootings:	Dir	ected Force:
	Weapons Fired Brand:	Çaliber	# \$	hols	Weapons Brand:	s Fired		Caliber		# Shots
- 4	Field Training Officer Emp #	Last Name					First Na	me		M.I.
	Field Training Officer Emp#	Last Name					First Na	me		M.I.
-	Employee #	Last Name		- <del>*</del>			First N	ame		M.I.
1	Sex: Race:	Rank		Unit Assignme	nt.		Work As	signment (Unit #, Modu	ile, etc.):	-
7										
	ShiftTime (circle only one)  EM PM Day	ShiftType (circle only one) Regular Overtime	Off Duty	Intoxication/Di	ug Usage'	?	Substan	ce Used:		
				Intoxication/Di Coroner Case		? [	Substan			Interviewed?
	EM PM Day	Regular Overtime Hospital Name	Off Duty	Coroner Case (circle only one)	1?	chen w/ Vest		Case #		Interviewed?
	EM PM Day  Hospital Admission?	Regular Overtime Hospital Name	Clathing	Coroner Case	1?	cket w/ Vest	Coroner	Case #		Interviewed?
	EM PM Day  Hospital Admission?  Hrs of sleep prior to shooting	Regular Overtime Hospital Name  Duty Time (hrs):	Clothing Plain Raid	Coroner Case (circle only one) Clothes no Vest Clothes w/ Vest	Raid Jac	cket w/ Vest	Coroner	Case #		Interviewed?
	Hospital Admission?  Hrs of sleep prior to shooting  Age Height	Regular Overtime Hospital Name  Duty Time (hrs):	Clothing Plain Plain Raid PPC Qu	Coroner Case (circle only one) Clothes no Vest Clothes w/ Vest Jacket no Vest	Raid Jac	cket w/ Vest no Vest w/ Vest Prior Shoo	Other Fa	Case #  Laser Training Date:  Number of Prior Shootings:	Din	ected Force
7	Hospital Admission?  Hrs of sleep prior to shooting  Age Height:  Range Qualification Date:  Certified with Weapon	Regular Overtime Hospital Name:    Duty Time (hrs):    Veight:	Clothing Plain Raid PPC Os	Coroner Case (circle antly one) Clothes no Vest Clothes w/ Vest Jacket no Vest Jatification Date:	Raid Jac	cket w/ Vest no Vest w/ Vest Prior Shoo	Other Fa	Case #  Inctors:  Laser Training Date:	Din	

## Officer Involved Shooting URN: \_\_\_\_\_ Suspect Information

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		3 S	uspect Ir	nformation	7.	
S 1	Last Name	Cortez	•	First Name	Jessica	M.I. R
	AKA Last Name			First Name		M.L.
	Sex: F Race: Hispanic	Street Address		City		State & Zip Code
	Wark Phone:	Home Phone	Social Secu	rity #:	Driver's License	
	Age: 19 D.O.B 02/17/99	Height: 503 Weight: 116	FBI#		CII#	
	Booking # 201808810	Primary Charge: 245(C)	PC	Secondary Charge	0	
	Coroner Case?	Coroner Case #		Intoxication/Drug Usage?	Substance Used Marijuar	na/Alcohol
	Armed?	Apprehended?		Mental iliness?	Criminal History?	ion (Idollo)
	Vehicle Make Model KIA Sportage		Parole	e: Probation:	Prior Felon	y Conviction:
s	Last Name	2000	*	First Name		M.I.
	AKA Last Name			First Name		M.I.
	Sex: Race:	Street Address		City		State & Zip Code
	Wark Phone:	Home Phone	Social Secu		Driver's License #.	
		Height: Weight:	FBI#		CII#	
	Age: D.O.B. Booking#	Primary Charge:	101#	Secondary Charge		
	Booking #			Secondary Charge	.,	
	Coroner Case?	Coroner Case #		Intoxication/Drug Usage?	Substance Used	
	Armed?	Apprehended?		Mental Illness?	Criminal History?	
		Vear	Parole	Brobation	Prior Falon	Conviction:
	Vehicle Make Model	Year	Parole	Probation:	Prior Felon	y Conviction:
S		Year	Parole	Probation:	Prior Felon	y Conviction:
S	Vehicle Make Model	Year	Parole		Prior Felon	
S	Vehicle Make Model  Last Name	Year Street Address	Parole	First Name	Prior Felon	M.I.
S	Vehicle Make Model Last Name  AKA Last Name		Parole Social Secu	First Name First Name City	Prior Felon	M.I.
S	Vehicle Make Model  Last Name  AKA Last Name  Sex: Race	Street Address		First Name First Name City		M.I.
S	Vehicle Make Model  Last Name  AKA Last Name  Sex: Race.  Work Phone:	Street Address	Social Secu	First Name First Name City	Oriver's License #	M.I.
S	Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.:  Booking #	Street Address  Home Phone  Height: Weight:	Social Secu	First Name First Name City  rity #  Secondary Charge	Oriver's License #	M.I.
S	Vehicle Make Model  Last Name  AKA Last Name  Sex: Race  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?	Street Address:  Home Phone  Height: Weight:  Primary Charge:  Coroner Case #	Social Secu	First Name First Name City  Secondary Charge Intoxication/Drug Usage?	Driver's License #. CII # Substance Used	M.I.
Ş	Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.:  Booking #	Street Address  Home Phone  Height: Weight:  Primary Charge:  Coroner Case #  Apprehended?	Social Secu	First Name First Name City  rity #  Secondary Charge  Intoxication/Drug Usage?  Mental Illness?	Driver's License #.  CII #  Substance Used  Criminal History?	M.I.
	Vehicle Make Model  Last Name  AKA Last Name  Sex: Race.  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model	Street Address.  Home Phone.  Height: Weight:  Primary Charge:  Coroner Case #  Apprehended?	Social Secu	First Name First Name City  City  Secondary Charge Intoxication/Drug Usage?  Mental filness?  Probation:	Driver's License #.  CII #  Substance Used  Criminal History?	M.I.  MI.  State & Zip Code:
	Vehicle Make Model  Last Name  AKA Last Name  Sex: Race.  Vork Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model  Last Name	Street Address.  Home Phone.  Height: Weight:  Primary Charge:  Coroner Case #  Apprehended?	Social Secu	First Name  First Name  City  rity #  Secondary Charge  Intoxication/Drug Usage?  Mental Illness?  Probation:  First Name	Driver's License #.  CII #  Substance Used  Criminal History?	M.I.  State & Zip Code:  y Conviction:  M.I.
\$	Vehicle Make Model  Last Name  AKA Last Name  Sex: Race.  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model	Street Address.  Home Phone.  Height: Weight:  Primary Charge.  Coroner Case #  Apprehended?  Year:	Social Secu	First Name  First Name  City  Secondary Charge  Intoxication/Drug Usage?  Mental HIness?  Probation:  First Name  First Name	Driver's License #.  CII #  Substance Used  Criminal History?	M.I.  State & Zip Code:  y Conviction:  M.I.  M.I.
	Vehicle Make Model  Last Name  AKA Last Name  Sex: Race.  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:	Street Address:  Home Phone.  Height: Weight:  Primary Charge.  Coroner Case #  Apprehended?  Year:	Social Secu FBI #	First Name  First Name  City  Secondary Charge  Intoxication/Drug Usage?  Mental filness?  Probation:  First Name  First Name  City	Driver's License #.  CII #  Substance Used  Criminal History?  Prior Felon	M.I.  State & Zip Code:  y Conviction:  M.I.
	Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.:  Booking #  Coroner Case?  Armed?  Vehicle Make Model  Last Name  AKA Last Name	Street Address.  Home Phone.  Height: Weight:  Primary Charge.  Coroner Case #  Apprehended?  Year:	Social Secu FBI #	First Name  First Name  City  Secondary Charge  Intoxication/Drug Usage?  Mental filness?  Probation:  First Name  First Name  City	Driver's License #.  Cil #  Substance Used  Criminal History?  Prior Felon  Driver's License #:	M.I.  State & Zip Code:  y Conviction:  M.I.  M.I.
	Vehicle Make Model  Last Name  AKA Last Name  Sex: Race.  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:	Street Address.  Home Phone.  Height: Weight:  Primary Charge.  Coroner Case #  Apprehended?  Year:  Street Address:  Home Phone.  Height: Weight:	Social Secu FBI #	First Name  First Name  City  Secondary Charge  Intoxication/Drug Usage?  Mental filness?  Probation:  First Name  First Name  City	Driver's License #.  CII #  Substance Used  Criminal History?  Prior Felon	M.I.  State & Zip Code:  y Conviction:  M.I.  M.I.
	Vehicle Make Model  Last Name  AKA Last Name  Sex: Race.  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:	Street Address: Home Phone. Height: Weight: Primary Charge. Coroner Case #  Apprehended? Year: Street Address: Home Phone.	Social Secu FBI #	First Name  First Name  City  Secondary Charge  Intoxication/Drug Usage?  Mental filness?  Probation:  First Name  First Name  City	Driver's License #.  Cil #  Substance Used  Criminal History?  Prior Felon  Driver's License #:  Cil #	M.I.  State & Zip Code:  y Conviction:  M.I.  M.I.
	Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.	Street Address.  Home Phone.  Height: Weight:  Primary Charge.  Coroner Case #  Apprehended?  Year:  Street Address:  Home Phone.  Height: Weight:	Social Secu FBI #	First Name  City  Secondary Charge  Intoxication/Drug Usage?  Mental filness?  Probation:  First Name  First Name  City  City	Driver's License #.  Cil #  Substance Used  Criminal History?  Prior Felon  Driver's License #:  Cil #	M.I.  State & Zip Code:  y Conviction:  M.I.  M.I.
	Vehicle Make Model  Last Name  AKA Last Name  Sex: Race.  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #	Street Address Home Phone Height: Weight: Primary Charge Coroner Case # Apprehended? Year:  Street Address: Home Phone Height: Weight: Primary Charge:	Social Secu FBI #	First Name  City  Secondary Charge  Intoxication/Drug Usage?  Mental Illness?  Probation:  First Name  First Name  City  Secondary Charge	Driver's License #.  CII #  Substance Used  Criminal History?  Prior Felon  Driver's License #:  CII #  Substance Used:  Criminal History?	M.I.  State & Zip Code:  y Conviction:  M.I.  M.I.